BALTIMORE COUNTY MARYLAND
STRATEGIC PLAN
FY 16-18

The Drug and Alcohol Advisory Council (DAAC) and the Mental Health Advisory Council (MHAC) have merged to form the Behavioral Health Advisory Council (BHAC). The group meets monthly.

Vision

A safe and substance abuse-free community

Mission

To expand, strengthen and sustain an integrated prevention, intervention, treatment, and recovery support system that will result in reductions in the incidence and consequence of substance use disorders and related problems in Baltimore County.

Data-Driven Analysis of Needs

The outcome of several intense discussions among members of the Behavioral Health Advisory Council (BHAC) revealed consensus on the next phase of Baltimore County's mission to address substance use disorders and related problems that focuses on the Strategic plan:

- expanding the Recovery Support Services begun in 2010; and
- addressing the emerging opioid crisis.

The BHAC recognizes that Baltimore County confronts a number of other substance use disorder issues (such as underage use of alcohol) on a daily basis. In response, the Department of Health/Bureau of Behavioral Health (BBH) and its partner agencies and organizations throughout the County support and operate a number of effective, evidence-based programs and services to address these issues (e.g., primary prevention programs targeting youth and families, enforcement of underage drinking laws, tobacco cessation and control, residential and outpatient treatment programs, and diversion programs).

The discussion below highlights the need for the FY 16-18 strategies selected.

The Need for Recovery Support Services (RSS)

On September 22, 2010, Baltimore County initiated its Recovery-Oriented System of Care (ROSC) model as the "way forward" vis-a-vis substance use disorder services. The long-term outcome of this strategy was (and remains) a reduction in the harmful use of alcohol and drugs and its related social, emotional and behavioral problems for youth, adults, and their families. The County-wide system of care envisioned a response to the need across the board for prevention, intervention, treatment, and recovery support services. Priority populations included uninsured and underinsured adolescents and adults, adolescents and adults involved in the juvenile and criminal justice systems, pregnant women, women with children, and adolescents and adults with a co-occurring mental illness.

To that end, Baltimore County engaged in a focused effort to establish a ROSC in zip code 21222, a community that evidence shows a range of substance-related problems including a dramatic rise in self-reported use of alcohol among youth and self-reported non-prescription use of opioids among high school youth. Highlights of the ROSC initiative in Dundalk over the past five years document substantial progress.

Over the past five years, *One Voice* Dundalk has:

- Established a community-led advisory committee, *One Voice* Dundalk Advisory group that was once comprised of professionals and led by the County's Bureau of Behavioral Health. This committee is now a group of persons in recovery, their family members, and community partners with staff support provided by BBH. Recently, the organization selected a chair and vice-chair (both community members). This evolution was key to, and remains, an integral part of the DAAC plan for Dundalk;

- Sponsored community outreach and education event. For example, a Recovery Fair was held in September 2014, and resulted in positive and successful networking; and

- Overseen establishment of a Recovery Community Center (RCC) for adults, and another for youth in the Dundalk community.

Baltimore County has greatly expanded the ROSC initiative (hereinafter referred to as Recovery Support Services or RSS) in Dundalk and has made substantive inroads in other areas of the County to address substance use disorder services. During FY 2015, for example, the ReDYScovery Center for youth (The Center) was launched in Dundalk, and introduced to the community at a Family Orientation and Picnic at Heritage Park (the gathering place in downtown Dundalk). In addition, the strategies put in place in the 21222 zip code have been replicated elsewhere with the opening of a new Recovery Community Center (RCC) at Prologue in the northwest area of the County, which employs a peer recovery specialist (PRS) coordinator and two part-time PRS.

The 3 part-time PRS (20 hours each per week) are embedded in the 3 Epoch treatment locations. The 3 part-time PRS served a total of 274 unduplicated peers who were in treatment at Epoch in FY 2015. The Center, the youth recovery center aka "clubhouse", served 27 unduplicated youth and 40 family members. The 2 Recovery Community Centers (RCC) served 230 unduplicated peers. Both The Center and the RCCs have only part-time hours due to limited funding.

Highlights of the expansion of the Peer Recovery Specialist (PRS) cadre include a 4-person BBH outreach team, whose members work in the community and with the Circuit Court, the Baltimore County Detention Center, County shelters, and the Department of Social Services. Placing PRS at the Detention Center is expected to help

reduce the rate of recidivism as clients leaving detention now have facilitated access to recovery services in the community. Fiscal year 2015 data document unduplicated counts of 668 peers and 131 family members served by the BBH PRS outreach team.

As the above indicates, the original intention (i.e., "to undertake the pilot test of a model...that would be developed, implemented, and evaluated over a period of five years with incremental countywide expansion scheduled to begin in year five") has been achieved. Going forward, and based on the data below, a second target community comprised (roughly) of the lower half of the western section of the County has been identified.

The targeted area, from Lansdowne to Randallstown, provides an opportunity and poses some challenges:

- In terms of opportunity, inroads have already been made in terms of a recovery support system with the opening of the western area RCC at Prologue (as noted above).

As for challenges:

- 2015 EMT data revealed that of the four top naloxone administration areas in the County, two are in and around Dundalk, a third just west of Lansdowne.
- As well, EMT reports 368 overdose response calls along the western 695 corridor (from Lansdowne/Baltimore Highlands to Randallstown).

Lessons learned in Dundalk confirm that (the existence of the RCC notwithstanding) it will take time to fully engage community partners in the effort. Moreover, the diversity in population characteristics in the several communities comprising the target area speaks to the complexity of establishing and maintaining a community-led recovery system. The matrix below highlights this diversity by comparing census data of the most northern and southern cities/towns:

	Randallstown	Lansdowne	Maryland
Population (2010)	33,815	8,714	5,976,407
Race (2010)	White: 13.5% Black: 80.7%	White: 67% Black: 23.9%	White: 58.2% Black: 29.4%
Household Income (2014)	$75,766	$48,185	$74,149
Education (2014)	High school+: 92.6% Bachelor's+: 35.5% Graduate/prof: 13.7%	High school+: 76.1% Bachelor's+: 9.5% Graduate/prof: 2.2%	High school+: 89.0% Bachelor's+: 37.3% Graduate/prof: 17.0%
Unemployment (Nov. 2015) http://www.homefacts.com/unemployment/Maryland/Baltimore-County.html	5.3%	5.3%	5.1%

With the exception of the unemployment data, all data displayed above are drawn from the US Census Bureau.

The Need to Respond to Opioid Misuse and Heroin Use

A request from the Behavioral Health Administration (BHA, formerly the Alcohol and Drug Abuse Administration--ADAA) directed Baltimore County to review the data with regard to an apparent increase in opioid-related overdoses in 2012. Following that review, the County developed an Overdose Prevention Plan (OPP) in July 2013. The OPP was implemented during the two years which followed and most objectives achieved. (See Attachment A).

In late 2014, Baltimore County was one of 10 Maryland jurisdictions invited to respond to a request for proposals to address opioid misuse and heroin use. Upon receipt of an Opioid Misuse Prevention Program (OMPP) grant in early 2015, the OMPP workgroup gathered data for the Needs Assessment which showed:

- Self-reported (non-prescription) past 30-day use of opioids among youth ages 11 and younger was 7.2% and among youth 16-17+ was 8.5%. This jumped among high school youth ages 18 and older to 13.5%. The survey showed lifetime use among these age group to be 3.6% among youth 11 or younger; 15.9% among youth ages 16-17; and 22.3% among high school youth ages 18+. [Youth Risk Behavior Survey (YRBS) 2013].

- The rate of self-reported lifetime heroin use (though lower than that of opioid use) among the County's youth was 1.1% among youth 11 and younger; 3.6% among youth ages 16-17; and 6.3% among the high school youth ages 18 and older (YRBS 2013).

- Self-reported non-prescription use of pain killers (not all of which can be presumed to be opiates) among youth 12 and older was 4.4 users per 1000; 5.9 users among youth 12-17; and 10.8 users per 1000 among ages 18-25 [National Survey on Drug Use and Health (NSDUH) 2008-2010].

- Data on adult non-prescribed opioid and heroin use derived from the 2015 Maryland Public Opinion Survey on Opioids (MPOS) show that 2.9% of respondents reported past month non-prescribed opioid use; and 4.1% said they had done so in the past year (with 6.6% acknowledging this action on one or two occasions). Almost 20% indicated that during their lifetime (i.e., more than one year ago) they had used an opioid that had not been prescribed (or had been prescribed for another purpose); and 7.9% said they had used heroin at some point in their lifetime.

- Opioid-related overdoses do not precisely mirror the population. Police department data from 2014 reveal that 63% of (120) overdoses were among males (who are approximately 48% of the population); and 83% were Caucasian (64% of the population is so identified). As for comparisons based on age, 76.6% of overdoses were among people ages 25-54 who, in 2010, were 40.7% of the population: 27.5% of overdoses were among adults ages 25-34, while they were 12.9% of the 2010 population; 21.6% of overdoses were among adults 35-44 (12.7% of the 2010 population); and 27.5% of overdoses were among adults 46-55 (15.1% of the 2010 population).

- The total number of drug/alcohol-related deaths in Baltimore County has been steadily rising since 2007. DHMH data show that:
    - In 2007, 131 deaths in the county were related to alcohol and opioids; in 2013 there were 144; and in 2014 there were 170. In the years between 2008 and 2011, deaths from alcohol and opioids had been declining and/or stable. There was a big jump in deaths between 2012 and 2013 (an increase of 26 deaths), of which 12, or almost half, were attributed to heroin overdoses.

    - Deaths in the county attributed to heroin overdoses rose steadily from 2007 to 2013 and continued to rise in 2014. There were 56 heroin-related deaths in 2007 and 86 in 2014.

    - Deaths related to prescription opioids increased, but not as steadily between 2007 and 2013. In 2007, there were 48 deaths. The numbers increased until 2011, when there were 68 deaths. The deaths decreased in 2012 to 47 and increased slightly in 2013 (54). There were 59 prescription opioid deaths in 2014.

It is clear that responding to the growing opioid misuse problem in Baltimore County will be a major behavioral health focus for the next several years. For that reason, this response (the OMPP Strategic Plan into which has been incorporated any still-to-be-completed tasks of the 2013 OPP—See Attachment B) constitutes the second Goal of the Baltimore County Strategic Plan.

The Need to Formalize the Behavioral Health Advisory Council (BHAC)

Although the Mental Health Advisory Council (MHAC) and the Drug and Alcohol Abuse Council (DAAC) merged—de facto—into the Baltimore County Behavioral Health Advisory Council (BHAC) two years ago, and although both are focused on, and are called on to address, behavioral health issues, challenges, and systems of care, each has a different charter and governing authority.

Members agree that a formal structure is needed to assure that the "advisory" nature of the group's deliberations will be taken into consideration when the current and future administrations plan, implement, and evaluate behavioral health programs and services. During the past year, BHAC members devoted a considerable amount of time and attention to an official merger of the two organizations—a merger that would codify the informal structure. To that end, membership requirements of both organizations were reviewed and analyzed and membership terms considered, and the charters (enabling legislation or regulation) were reviewed to determine how to proceed (and with whom) to achieve the desired formal structure—or at least a structure that is recognized by planners and decision-makers as the "go to" entity for guidance on behavioral health issues.

Priorities

Goal I: Sustain and Expand Recovery Support Services (RSS)

Goal II: Respond to Opioid Misuse and Heroin Use in Baltimore County

Goal III: Formalize (in law and/or regulation) the Behavioral Health Advisory Council (BHAC)

Goals

Goal 1: Sustain and Expand Recovery Support Services (RSS)

Objectives:

- Continue to support On Our Own's *One Voice* Dundalk Recovery Community Center (RCC) for adults and Dundalk Youth Services' The Center for youth
- Continue to support Prologue's *One Voice* Northwest RCC
- Continue to support Peer Recovery Specialists (PRS) at:
  - Epoch Counseling Center
  - The Baltimore County Health Department PRS Outreach Team

Performance Targets:

- One additional partner agency/organization in the target area identified and engaged
- Unduplicated peers served
  - 96 youth
  - 500 adults
- 1,000 calls for assistance taken
- Addition of one (1) peer recovery specialist to the BBH PRS Outreach Team to be located in the Baltimore County Detention Center with a focus on community reentry for inmates especially those identified with a co-occurring disorder.

Progress:

Update July 2016:

Performance Targets:

- *One additional partner agency/organization in the target area identified and engaged:*
    - *The Director of One Voice Northwest RCC continues to reach out to community agencies, providers and organizations to partner with the Recovery Community Center.*
- *Unduplicated peers served (434 July-December; 428 January-June)*

  Additionally, certification for peer specialists is progressing as planned. Individuals already certified were able to renew their certification during the reporting period. As well, opportunities for CEUs will be available for new hires who have not obtained all the credits they need for certification.
- *1,000 calls for assistance taken (707 calls July-December: 776 calls January – June)*
- *Addition of one (1) peer recovery specialist to the BBH PRS Outreach Team to be located in the Baltimore County Detention Center with a focus on community reentry for inmates especially those identified with a co-occurring disorder:*
    - *A fifth PRS outreach worker was hired and is embedded in the Baltimore County Detention Center. He, along with a case manager, serves men and women in the MCCJTP and TAMAR programs. Both individuals work collaboratively with the BBH trauma specialist. In addition, the Detention Center will have a new unit with a cohort of specially trained staff to work with individuals who have a mental health diagnosis within 3-6 months.*

Possible Expansion of Goal I Objectives:

As the merger/blending of the DAAC and MHAC into the Baltimore County BHAC continued during the reporting period, it became increasingly clear that the FY 2016-2018 DAAC Strategic Plan does not encompass the many cross-cutting issues brought to the table by DAAC/MHAC members. Over the course of several months, members identified and discussed these issues, and agreed to focus attention on some. At the June BHAC meeting, members were asked to consider the issues BHAC could/should address during FY 2017, and were advised to select at least two (2) but no more than three (3) for attention.

Accordingly, Goal I will be expanded to incorporate a broader focus which may include:

- *Diversion from the Baltimore County Detention Center (BCDC) for individuals with mental illness or co-occurring disorder.*

  Currently, individuals with mental illness are placed in BCDC after arrest for minor or major offenses during episodes of active symptoms, and family members cannot find alternative resources (e.g., crisis stabilization services) to avoid incarceration. Although BCDC conducts crisis management in the facility, the detention center is not a treatment provider.

- *Improved access to treatment*

  Crisis response services will not respond to calls from families whose family member is in need of assistance if the individual in crisis is not willing to speak with them. BHAC members pointed out that an individual in crisis may not be able to make responsible decisions.

- *Enhancement of co-occurring services*

  Although the Behavioral Health Administration (BHA) has mandated that all state-licensed programs must be co-occurring capable (which means that they must screen for co-occurring disorders and refer to the appropriate treatment), the programs need not follow up to ensure that the person is receiving the needed services.

Update January 2016

- One additional partner agency/organization in the target area identified and engaged

  The One Voice Northwest RCC Coordinator has been conducting outreach to the service providers in the area, such as the Westside Men's Shelter, as well as those entities outside Baltimore County who encounter our county residents living on the west side (Carroll County Detention Center). During the next 6 months, the BBH Program Manager and the RCC Coordinator will determine potential members for an advisory council on the west side, and extend an invitation to attend an orientation meeting.

- Unduplicated peers served

  From July 1, 2015 through December 31, 2015, 434 unduplicated peers and their family members already have been served by the BBH PRS Outreach Team. This almost is the number of peers to be served for the entire fiscal year, and does not include the peers attending the recovery community centers. There are 137 unduplicated peers that have been attending the two recovery community centers during the first half of FY 16. It has been much more difficult to engage youth. Attendance at The Center remains well below expectations, with less than 10 youth participating regularly. BBH, *One Voice* Dundalk Advisory Coalition and the staff at The Center have been addressing the issue, and there is consensus to change the membership target population to those in high school and 16-18 year olds who have dropped out with a focus on GED, job readiness, mentoring and on-the-job internships. This would eliminate two of the barriers The Center has been experiencing: lack of transportation for members, and parental unwillingness for their child to participate. Middle school youth could still attend but would have separate activities from the older youth.

- 1,000 calls for assistance taken

  From July 1, 2015 through December 31, 2015, 707 calls for assistance were taken by the BBH PRS Outreach Team. These were initial calls from peers or a family member seeking guidance regarding a

substance use disorder issue, and follow-up calls to ensure that the peer was indeed connected to the requested treatment resource or recovery support.

- Addition of one (1) peer recovery specialist to the BBH PRS Outreach Team to be located in the Baltimore County Detention Center with a focus on community reentry for inmates especially those identified with a co-occurring disorder.

Through a collaboration with BHA's Office of Special Programs, a 34-hour Certified Peer Recovery Specialist (CPRS) has been hired and will start on January 19, 2016. The CPRS will be embedded in the Baltimore County Detention Center and will work in tandem with the case manager for the MCCJTP and TAMAR programs. These programs serve to reduce recidivism in addition to providing case management and peer support to inmates who have mental illness and/or trauma histories.

Goal II: Respond to Opioid Misuse and Heroin Use in Baltimore County

Objectives (for FY 16-17):

- Educate prescribers about safe prescribing practices
- Encourage prescriber and dispenser enrollment in the Chesapeake Regional Information System for the Patients (CRISP) and use of Prescription Drug Monitoring Program (PDMP) data
- Increase knowledge and understanding of community members about risks of opioid use
- Increase knowledge of community about safe storage and disposal of opioids
- Promote community use of drug drop off boxes
- Weigh, or measure in some other fashion, the contents of drug drop off boxes

Performance Targets (Long Term):

- To decrease the self-reported youth 30-day non-prescription use of opioids from 13.5% to 10% by the end of the OMPP initiative
- To decrease the self-reported adult 30-day non-prescription use of opioids from 2.9% to 2.5% by the end of the OMPP initiative
- To reduce the self-reported high school youth lifetime non-medical use of prescription opioids from 14.8% to 10% by the end of the OMPP initiative
- To reduce the self-reported young adult (18-25) non-medical use of prescription opioids from 10.8% to 9% by the end of the OMPP initiative
- To reduce the number of opioid-related overdoses from 120 in 2014 to 108 in 2019.

Progress:

Update July 2016

- *Educate prescribers about safe prescribing practices*

  An educational seminar for prescribers was held on May 5th. Eligible attendees received CME credit for the event, "Prescribing Drugs Responsibly: Managing Patients on Opioids." The event was well attended and participant evaluations were collected and tabulated. Responses were positive reports, and objectives met. Six dentists also attended, and application materials have been submitted to the Dental Board to obtain continuing education credits for them retroactively.

  Overview of Seminar Evaluation:

  Registrants completed a Pre-Event Self-Assessment Form prior to the event, either on-line at the time of registration, or on-site. Prior to receiving a badge and seminar materials, attendees who wished to be awarded CME credits signed the attendance sheet. At the end of the seminar, those attendees completed an Activity Evaluation Form and a contact form for receipt of their CMEs.

  Results of Registrants' Pre-Event Self-Assessment and Attendees' Post-Event Attainment of Learning Objectives:

  There was a substantial increase in self-rated knowledge and understanding on all learning objectives. Prior to the seminar:

  - *44.1% of registrants rated themselves a 5 in terms of their understanding the importance of pain control for certain patients with chronic pain; and post-seminar, 73.5% of attendees rated themselves a 5 on this objective. This increase exceeds the 5% anticipated June 2016 increase in knowledge of safe prescribing practices. As well, a clear majority of attendees indicated that the seminar "confirmed their current practice" with regard to prescribing opioids, and 32% described changes they intended to make as a result of the seminar.*

  - *27.9% of registrants gave themselves a rating of 5 with regard to their ability to educate their patients about safeguarding opioids in the community; and post-seminar, 64.1% of attendees did so. Five attendees specifically noted, in response to a query about anticipated practice changes, that they would advise patients to secure as well as dispose of unused medications. Some indicated they would provide the locations of drug disposal boxes.*

  - *29.4% of registrants rated themselves a 5 on their understanding of the use of the Prescription Drug Monitoring Program; and after the seminar, 49% of attendees did so.*

- *Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data*

  CRISP/ PDMP staff were present and displayed materials and information at the CME conference. The pre-event self-assessment asked registrants whether they were enrolled in the Prescription Drug Monitoring Program. Eleven (of 65 who responded to this question) said they were enrolled (a 16.9% participation rate). Even though post-event evaluation indicates increased understanding of PDMP, this topic was not as thoroughly explored as anticipated.

  In addition, the "Ask Your Doctor" campaign (designed to encourage Baltimore County Health Department employees to ask their doctor if he/she is enrolled in the Prescription Drug Monitoring Program) was launched via the BCHD employee newsletter in June.

- *Increase knowledge and understanding of community members about risks of opioid use and proper storage and disposal of opioids*

  The "Who's in your medicine cabinet?" message, which encourages safe disposal of unused and expired medications, and makes the reader aware of the chance that their medications could be taken/stolen without their knowledge was disseminated through a variety of mediums during the reporting period, including:

  - *Placement on the inside cover page of the 2016 Community Resources Booklet—widely distributed throughout the County*
  - *Display on two billboards—one on the east side (Rossville Blvd) and one on the west side (Windsor Mill Rd).*
  - *Display in backlit frames at three shopping malls/centers: Security Mall (size 50 x 40), White Marsh (size 46 x 36) and Eastpoint (size 50 x 40).*
  - *As an advertisement in the January edition of the Senior Digest.*
  - *Posting on 50 MTA mass transit buses.*

  Prescription bag inserts were printed, and will be distributed to pharmacies for placement in opioid prescription bags and/or pharmacy display racks. The cards encourage safe storage and disposal and list the drug drop box locations.

  As well, information on safe disposal of opioids in Baltimore County and across the state is posted on the BCHC website at:

  - http://www.baltimorecountymd.gov/Agencies/health/coalition/resources.html
  - http://www.baltimorecountymd.gov/Agencies/health/resources/index.html

- *Increase knowledge of community about safe storage and disposal of opioids (see above discussion)*

- *Promote community use of drug drop off boxes (see above discussion)*

- *Weigh, or measure in some other fashion, the contents of drug drop off boxes*

In the first 10 months of FY 16, 843.5 lb. of medications were deposited in the drug drop-off boxes located in front of each Baltimore County Police Department precinct headquarters. Of that total, 149.5 lb. were deposited

in April alone. (Data on May and June are not available at this time.)
One of the long-term performance targets of the BC OMPP initiative is a reduction in opioid-related deaths. To that end, an Overdose Fatality Review Team (OFRT) was established in FY 2015. This team (which also serves as the local OMPP Coalition) is charged with reviewing overdose related deaths in Baltimore County to determine what happened prior to the overdose in an effort to identify the services that might have prevented the death. (Please refer to Attachment A: Problem Statement—Lack of oversight for overdose deaths in Baltimore County—for discussion of this activity.)

Update January 2016

- Educate prescribers about safe prescribing practices

  Throughout the reporting period the OMPP workgroup (several of whose members serve on the BHAC) and OMPP Coalition (the Baltimore County OFRT) discussed and planned for a May 5th seminar for Baltimore County prescribers to focus on safe opioid prescribing practices and enrollment and utilization of the Prescription Drug Monitoring Program (PDMP). A seminar agenda was developed, speakers identified and engaged, mailing lists of potential invitees compiled/obtained, a draft letter of invitation from the BC Health Officer prepared, application submitted to MedChi for CMEs, and drafts of a seminar brochure, registration form, and workshop feedback form developed.

- Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data

  In addition to the PDMP information that will be available at the above-mentioned seminar, the OMPP workgroup considered other ways to encourage CRISP and PDMP enrollment and utilization. The BC Health Officer has enrolled in PDMP, and will be able to address the benefits of its utilization. As well, the OMPP workgroup intends to utilize the documents mentioned during a recent Overdose Fatality Review (OFR) telephone technical assistance session which emphasize positive changes made to the PDMP. All key staff of the BBH, plus the BCHD Quality Improvement Coordinator, and County epidemiologist participated in the call.

- Increase knowledge and understanding of community members about risks of opioid use and about proper storage and disposal of opioids.

  Efforts to increase community knowledge and understanding included:

  There were thirteen Naloxone training events, which included education about proper storage and disposal of opioids, were held. Participants were strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone).

During the reporting period, 317 individuals were trained. The Baltimore County Department of Health Quality Improvement Coordinator reached out to the agency's pharmacy partner to offer technical assistance on how to use Narcan and provide information on the statewide standing order that allows dispensers to provide two doses of Narcan without a prescription to ORP certificate holders.

The goal of this outreach is to increase access to the drug, as dispensers are allowed, under the standing order, to dispense without prescription but are not required to do so.

Social marketing messages were developed and disseminated, focusing on proper storage and disposal of prescription medications, and the need to monitor medications in the home. One of the message consists of ("Who's in your medicine cabinet? Don't let your loved one be a victim. Safely dispose of unused and expired medications at a Baltimore County Police precinct") was distributed through The Beacon, a paper for seniors with a readership of 125,000; and at the Baltimore County Department of Aging Baby Boomer/Senior Expo in October. The Health Department staffed a table at the event, and displayed information intended to raise awareness of misuse of medications, the importance of monitoring medications on hand, the possibility of others accessing their medications without their knowledge, and disposing of unused and expired medications. The staff educated 360 individuals on these points. Staff also participated in the African American Festival, providing the same information.

Another flyer relayed information on proper disposal of medications. Ads were procured for January and February. These included billboards, mall kiosk displays, buses and news print in publications for seniors. As well, thirteen naloxone training events have been held since July, and 317 individuals trained. These events include education about proper storage and disposal of opioids. Participants are strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone).

- Increase knowledge of community about safe storage and disposal of opioids (see above comments)
- Promote community use of drug drop off boxes (see above comments)
- Weigh, or measure in some other fashion, the contents of drug drop off boxes

An agreement was reached with the Baltimore County Police Department to weigh the drug drop off boxes on a quarterly basis. The first weight assessment, conducted the week ending 9/28/2015, revealed that 225.15 lb. of unwanted/unneeded medications were deposited in drop boxes located at each BCPD police station. The highest volume was recorded at the Wilkens precinct, and the lowest was at the Towson precinct. BCPD personnel opined and OMPP workgroup members concurred, that the high volume at Wilkens may have been, in part, a function of area prescribers depositing unused medications from their offices. Consideration will be given to comparing trends in the drop box data with other opioid-related data (e.g., overdoses in a precinct) to determine geographic areas where additional opioid misuse reduction activities might be warranted. A second weight assessment, scheduled for the end of December, 2015, was delayed due to other BCPD priorities. Weights will be reported in the January-June 2016 BHAC report.

<u>Goal III:</u> Formalize (in law and/or regulation) the Behavioral Health Advisory Council (BHAC)

<u>Objectives:</u>

- By June 2016, a fully integrated BHAC that is representative of behavioral health (substance abuse and mental health) stakeholders.

<u>Performance Targets:</u>

- New Members Appointed
- By laws written/approved

<u>Progress:</u>

Update July 2016

- *New Members Appointed*

  During the reporting period, three new members were proposed for the Behavioral Health Advisory Council and approved by the County Executive. Efforts continue to fill the remaining vacancies and particular attention is directed to identify and invite community members who are interested in the Council's mission as well as individuals who have received services from the Baltimore County Department of Health and Human Services or its community partners.

- *By laws written/approved*

  BHAC members agreed on the following mission statement which reflects a mental health and substance use disorders perspective: To advocate for and develop a comprehensive and coordinated plan and a collaborative approach to the use of State and local resources for prevention, intervention, evaluation, treatment and recovery supports of mental health and substance use disorders for citizens of Baltimore County.

  Members received a copy of the Maryland Behavioral Health Advisory Council By-Laws to use as a guide when developing the local BHAC by-laws. A review of the by-laws will take place over the summer months, and members were asked to consider areas of focus for potential subcommittees—keeping in mind that these areas of focus must support and align with the BHAC mission statement.

Update January 2016

- New Members Appointed

  The BHAC coordinator (C. Miller) reported on her review of current MHAC and DAAC enabling legislation or executive order which confirmed that the BHAC, as it is now constituted, is in accordance with state and county law as long as the membership requirements of each (preceding) organization have been fulfilled. As well, upon identification by the BHAC of appointees to fill various slots, a list of recommended individuals will be forwarded to the County Executive for his review and appointment.

  A combined list of MHAC and DAAC members was reviewed at the November 6th BHAC meeting. Some ex-officio slots overlap (i.e., these positions are required by the enabling legislation or executive order of both organizations); others do not. Members identified individuals who currently hold the ex-officio jobs at their respective agencies/organizations and some currently attend the BHAC. Members agreed to contact the agencies with designated ex-officio slots and ask them to name a BHAC representative. Discussion focused on other MHAC/DAAC positions, and several attending the meeting agreed to contact individuals and/or organizations to recruit members by January 2016.

- By laws written/approved

  Before by-laws are written, members recognized a need to address the function of the BHAC as the preceding organizations had somewhat different purposes. Members agreed that the BHAC can be an advocate for populations that the public health system does not serve well. There was a general consensus that co-chairs be elected/appointed that consist of: one a government agency representative, and a community representative.

Attachment A: Progress on addressing Opioid Misuse Prevention Program (OMPP) Contributing Factors and the relationship with the 2013 Overdose Prevention Plan (OPP) problems.

The *italicized text* in the center column below shows how the progress in addressing the OMPP Contributing Factors, described in the narrative report above, relates to the 2013 OPP problem statements.

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
Lack of oversight for overdose deaths in Baltimore County --and— Department of Health does not currently have regular communication with private substance abuse provider community	The OPP established a Lethality Review Team to review overdose deaths in the County. Under the OMPP, the Lethality Review Team meets monthly. *July 2016: During the reporting period, the OFRT 24cases, and OFR Case Reports were submitted to the Maryland Behavioral Health Administration (BHA). During the case review process, team members examine the events prior to the overdose (e.g., number of times in treatment and outcomes thereof, involvement with other systems/agencies, etc.). Trends among the cases are identified in an effort to determine the services that might have prevented the death and system gaps that might be filled.* *During the reporting period, the OFRT determined that it would be beneficial for the Baltimore County Police Department (BCPD), Emergency Medical Services (EMS), the Bureau of Behavioral Health (BBH), and the Department of Social Services (DSS) staff to form a subcommittee to discuss ways to outreach to survivors of overdose. The subcommittee identified a need for same-day substance use assessment and counseling for overdose survivors, and a subsequent meeting with key agencies resulted in establishment of a "walk-in" assessment clinic at Eastern Family Resource Center. The clinic is open each week and is staffed by addiction counselors and a Peer Recovery Specialist outreach worker. Now overdose survivors can see a counselor immediately rather than wait for the next available appointment, and obtain recovery support services as well. One hundred and eighty-eight individuals were seen a "walk-ins" between April 25, 2016 and June 30, 2016.*	Lack of prescriber knowledge about and appropriate action with regard to opioids --and— Insufficient Prescriber Utilization of PDMP

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	January 2016: During the reporting period, the Lethality Review Team reviewed 13 cases, and OFR Case Reports were submitted to the MD Behavioral Health Administration. As well, the Team agreed to serve as the OMPP Coalition to reviews and provide input into/guidance for OMPP Strategic Plans and events. We anticipate that trends in opioid/heroin use, gaps in treatment services, and other system issues will be revealed as a result of these reviews and will provide important information to the ongoing OMPP Initiative. As well, a provider on the team helps to strengthen linkages with that sector of the system. OPP outreach to the private provider community continues through OMPP activities, specifically focused on providing information and education to providers and dispensers of opioids. *July 2016: Please refer to Goal II, Objective: Educate prescribers about safe prescribing practices, for a discussion of this strategy.* January 2016: Throughout the reporting period the OMPP workgroup (several of whose members serve on the BHAC) and OMPP Coalition (the Baltimore County Lethality Review Team) discussed and planned for a May 5th seminar for Baltimore County prescribers to focus on safe opioid prescribing practices and enrollment and utilization of the Prescription Drug Monitoring Program (PDMP). A seminar agenda was developed, speakers identified and engaged, mailing lists of potential invitees compiled/obtained, a draft letter of invitation from the BC Health Officer prepared, application submitted to MedChi for CMEs, and drafts of a seminar brochure and registration form developed.	
	The OPP did not specifically address PDMP. However, OMPP efforts to reach out to the County's providers with education and information and to encourage enrollment in and utilization of PDMP is consistent with the Department's outreach to the private substance abuse provider community.	

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	July 2016: Please refer to Goal II, Objective: Encourage prescriber and dispenser enrollment in CRISP and use of PDMP data for a discussion of this strategy. January 2016: In an effort to increase provider participation in PDMP, information will be available at the above-mentioned seminar. As well, the OMPP workgroup considered other ways to encourage CRISP and PDMP enrollment and utilization. The BC Health Officer has enrolled and will be able to address the benefits of utilization. In addition, the OMPP workgroup intends to utilize the documents mentioned during a recent OFR (Overdose Fatality Review) telephone technical assistance session which emphasize positive changes made to the PDMP. Participated in conference call, all key staff of behavioral health, quality improvement coordinator, and county epidemiologist attended the call.	
Community lacks awareness of opioid abuse, prevention and treatment --and— Friends and family members are not able to utilize Naloxone to protect those who are at risk for overdose	Under the OPP, the Department of Health Treatment, Prevention and ROSC managers implemented a public awareness campaign regarding opioid abuse. The "next generation" of this effort is embodied in the OMPP Social Marketing/Media Campaign. *July 2016: Please refer to Goal II, Objective: Increase knowledge and understanding of community members about risks of opioid use and proper storage and disposal of opioids for a discussion of this strategy* January 2016: Social marketing messages were developed and disseminated, focusing on proper storage and disposal of prescription medications, and the need to monitor medications in the home. One message ("Who's in your medicine cabinet? Don't let your loved one be a victim. Safely dispose of unused and expired medications at a Baltimore County Police precinct") was distributed through The Beacon, a paper for seniors with a readership of 125,000, and at the BC Department of Aging Baby Boomer/Senior Expo in October. The Health Department staffed a table at the event, and displayed information	Lack of patient/community awareness of (and curiosity about) the physical risks of opioid use --and— Lack of knowledge of proper storage and disposal of opioids

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	intended to raise awareness of misuse of medications, the importance of monitoring medications on hand, the possibility of others accessing their medications without their knowledge, and disposing of unused and expired medications. The staff educated 360 individuals on these points. Staff also participated in the African American Festival, providing the same information. Another flyer relayed information on proper disposal of medications. Ads were procured for January and February. These include billboards, mall kiosk displays, buses and news print in publications for seniors. As well, thirteen naloxone training events have been held since July, and 317 individuals trained. These events include education about proper storage and disposal of opioids. Participants are strongly urged to utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone). An agreement was reached between BBH and the BCPD to weigh on a quarterly basis, on a quarterly basis, the medications deposited in the drug drop boxes positioned outside each police precinct.	
	Naloxone training, initiated under the OPP, continues as a part of and complement to the OMPP. *July 2016: During the second half of FY 2016, 1073 individuals were trained to recognize and reverse an opioid overdose using Naloxone. Eight hundred and thirty two of those were trained by the Baltimore County Health Officer during the annual Department of Health and Human Services All-Staff Meeting on June 29, 2016. Ten other trainings were held throughout Baltimore County and two hundred forty one individuals were trained in the various community settings including at the Board of Health meeting on June 16, 2016.* January 2016: Thirteen Naloxone training events which include education about proper storage and disposal of opioids were held. Participants were strongly urged to	

OPP Problem Statements	Strategies and Progress	OMPP Contributing Factors
	utilize the drop off boxes to deposit their unused prescription medications; provided a flyer listing the locations of the boxes; shown how to use the boxes; and advised about the medications that can be deposited (including expired Naloxone). During the reporting period, 317 individuals were trained. BBH partnered with EMS to distribute What To Do After An Overdose. Gave 1500 of these brochures to EMS to distribute to families of overdose opioid survivors. The brochure includes information on treatment, peer recovery support, and naloxone training. In an ongoing effort to ease access to Naloxone, the Baltimore County Department of Health Quality Improvement Coordinator reached out to the department's pharmacy partner to offer technical assistance on the use of Naloxone, and provide information regarding the statewide standing order that allows dispensers to provide Naloxone without prescription to holders of ORP certificate holders. As this is voluntary, rather than required, the Department thinks it is important to strongly encourage dispensers to do so.	

Attachment B: Crosswalk between OMPP and OPP Goals and Objectives:

Columns 1 and 2 of the table below list the intervening variables and contributing factors that affect opioid misuse and heroin use in Baltimore County—as identified through the OMPP Needs Assessment process. Columns 3 and 4 highlight the relationship between the evidence-based OMPP strategies and the OPP goals and strategies, most of which have been achieved.

Baltimore County OMPP Intervening Variables, Contributing Factor(s) and Strategies Compared with OPP Goals and Strategies

OMPP Intervening Variable	OMPP Contributing Factor(s)	OMPP Strategies	Relationship to OPP goals and strategies
Retail Availability	Lack of prescriber knowledge about and appropriate action with regard to, opioids	Prescriber and dispenser education Dispenser outreach	**<u>Goal 2</u>: Improve relationships between the Department of Health and Private Substance Abuse Providers.** *Outreach to private providers to improve communication and assess their knowledge and practice of overdose prevention principles*
		Prescriber and dispenser education Dispenser outreach	**<u>Goal 5</u>: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.** *Engage medical community to provide education and information on overdose risks; screening, brief intervention and referral to treatment (SBIRT); safe prescribing practices; and the Prescription Drug Monitoring Program (PDMP)*
	Insufficient prescriber utilization of PDMP data	Enrolling prescribers and dispensers in CRISP to access PDMP data Prescriber and dispenser education	**<u>Goal 5</u>: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.** *Engage medical community to provide education and information on overdose risks; screening, brief intervention and referral to treatment (SBIRT); safe prescribing practices; and the Prescription Drug Monitoring Program (PDMP)*
	Lack of	Social	**<u>Goal 1</u>: Increase Community Awareness of Opioid Abuse,**

OMPP Intervening Variable	OMPP Contributing Factor(s)	OMPP Strategies	Relationship to OPP goals and strategies
	patient/community awareness of (and curiosity about) the physical risks of opioid use	marketing/media campaign on risks of opioid use	**Prevention and Treatment** *Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County focusing on opioid risks; safe storage and disposal (including use of drop off boxes)*
Social Availability	Lack of knowledge of proper storage and disposal of opioids	Social marketing/media campaign on proper storage and disposal of opioids Promotion of prescription drop-off boxes	**Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment** *Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County focusing on opioid risks; safe storage and disposal (including use of drop off boxes).* *NOTE: Although this strategy was fully implemented, data gathered by the Maryland Public Opinion Survey on Opioids 2015 documents lack of knowledge and awareness of opioid-related issues and responses. Thus, the OMPP incorporates a continued emphasis on community education.*

Other OPP goals continue to be a focus of Baltimore County's response to opioid misuse and opioid-related overdoses and deaths: i.e., a Lethality Review Team, established in June 2015(OPP goal 3); and continuation of naloxone training (OPP goal 4).